MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=62-030382
STATE FILE NUMBER

Registration District No. AUG 22 1962 FILED AUG 27 1962 Primary Registration District No. _3013_ Registrar's No. _140_

DO NOT WRITE ON THIS STUB	AMENDED
VS 300 Rev. 4/59	DATE AMENDED 9-14-62 / 7-14-62
6004	
26004	2
3	
4	0
5	0
6'	
7	1
8	2
9	X
10	
11	600
12	6-3
13	2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ 12.25.1931 + 30 / Barbara H. Fieberg / 12.25.1932 + 29 Barbara Fieberg
INSTEAD OF our birth record
ITEM NO. 8+9 / 13b
BY AFFIDAVIT OF Informant

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

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1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Length of stay in 1b: 1½ HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: N.K.C. Memorial Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS: 6808 Salt Rock Rd. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Kenneth Middle William Last Marshall

4. DATE OF DEATH: Month Aug. Day 18 Year 1962

5. SEX: male
6. COLOR OR RACE: Cauc
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-25-32 (-31)
9. AGE (last birthday): 29 / 30
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HR Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commissary Pro. Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: T.W.A. Air Lines
11. BIRTHPLACE (City and state or country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James E. Marshall
13b. MOTHER'S MAIDEN NAME: Barbara H. / Barbra Fieberg
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: James Marshall, Father Address: Louisville, Ky.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Head injuries — Fracture of arm - shock — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): One car accident
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Lost control of car —
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 1 Mi No of 169 & 71
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
20f. CITY, TOWN, OR LOCATION: Clay Co COUNTY STATE: Mo

21. I attended the deceased from _____, to _____ and last saw him alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at _____

22a. SIGNATURE (Degree or title): Coroner
22b. ADDRESS: North Kansas City, Mo
22c. DATE SIGNED: 8/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-19-1962
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county): Louisville, Kentucky (State)

24. FUNERAL DIRECTOR: Ratterman Bro. 3711 Lexington Rd. Louisville. ADDRESS
25. DATE RECD. BY LOCAL REG.: 8-19-62
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _____
          Signature of Student Embalmer

                                              Licensed Embalmer No._____

                                              P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.